



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

WRIGHT W SINGLETON, MD
121 NE LOOP 820, STE #100
HURST, TX 76053

Carrier's Austin Representative Box

19

MFDR Tracking Number

M4-12-1036-01

Respondent Name

AMERICAN ZURICH INSURANCE CO

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Patient was seen as a DDE exam for MMI/IR and both MMI and IR was completed."

Amount in Dispute: \$300.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider's request was not postmarked until 12/5/11. It is not timely as to the DOS in dispute. The provider has failed to invoke the jurisdiction of DWC MRD as to this date. Please dismiss."

Response Submitted by: Flahive, Ogden & Latson, P.O. Box 201320, Austin, TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 26, 2010	99456-W5	\$300.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated April 28, 2010

- 790 – THIS CHARGE WAS REIMBURSED IN ACCORDANCE TO THE TEXAS MEDICAL FEE GUIDELINE.
- W1 – WORKERS COMPENSATION STATE FEE SCHEDULE ADJUSTMENT.

Issue

1. Did the requestor waive their right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." Review of the documentation finds that the request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on December 05, 2011 and that the date of service in dispute is March 26, 2010. No documentation was found to support that the dispute was timely filed to the MDR section, nor did the Division find that the disputed services involved issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section, consequently waiving its right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor waived its right to medical fee dispute resolution in this case. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Signed,

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Medical Fee Dispute Resolution Officer	<u>December 21, 2011</u>
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.